2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P93000010371

1. Entity Name

FRANKEL BROS. INC.



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90219 007 ***150.00

			OB WE 15			
incipal Place of 6 503 CHASEWOOD JPITER FL 33458	DRIVE NORTH	Mailing Address P.O. BOX 2717 JUPITER FL 33468-2717				
Principal Place of Business		3. Mailing Address		☐ CHECK HERE IF MAKING CHANGES		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 65-0388707	Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	

1	, co rioquirea	
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
FRANKEL, RONALD	Name	
6503 CHASEWOOD DRIVE NORTH	Street Address (P.O. Box Number is Not Acceptable)	
JUPITER FL 33458		
	City FL Zip Code	
The above named entity submits this statement for the purpose of changing its	s registered office or registered agent or both in the State of Florida. Lam familiar with, and acco	ent

3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00

Make Check Payable to Florida Department of State

3 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPM Frankel, ronald G 6503 Chasewood Drive North Jupiter Fl 33458	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Frankel, arnold a 9315 B. South East Randall Court Hobe Sound Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

561 745 2178

Daytime Phon

Davtime Phone #

CR2E034 (10)